



Questions and Answers About AzEIP's Redesign

Question: Will this model require licensed therapists to work outside their scope of practice? That is, won't they be practicing other therapies for which they are not trained?

Answer: No. AzEIP would not and could not require professionals to work outside their scope of practice. AzEIP wants all skilled therapists and professionals to continue using their knowledge and experience with families and children.

The Individuals with Disabilities Education Improvement Act (IDEA 2004), which applies to people who work in early intervention, defines the role of ALL early intervention providers to include: “(1) **Consulting** with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area; (2) **Training parents** and others regarding the provision of those services; and (3) **Participating** in the multidisciplinary team's assessment of a child and the child's family, and in the development of integrated goals and outcomes for the individualized family service plan.” (34 C.F.R. §303.12(c)) Many of the professional acts governing therapists in Arizona include these activities as stated elements of practice. None of them excludes these activities or prohibits them.

Question: Isn't this just an attempt to save money?

Answer: This model is NOT a cost-saving measure. It is designed to provide families with better access to focused supports and services that meet the needs of each child and family. In fact, rates for services have not yet been determined; it is impossible to know whether or not this model will save money. The model makes provision to reimburse professionals for their consultation and teaming, activities for which they currently are not reimbursed.

Question: Will the result of this model be that a family will only get to work with one therapist or professional?

Answer: No. That is the opposite of what this model is all about. The purpose of the team-based model is to provide families with access to all the professionals necessary to help support the child's development in his/her daily routines and activities. The Team Lead will be determined based upon the priorities of the family, the outcomes listed on the IFSP, and the needs of the child. This person will work with the other team members identified on the IFSP, through visits with the family, consultation (either directly or indirectly with the family), through team meetings, phone calls, etc. The Team Lead may also change to reflect the changing priorities of the family and needs of the child, but all IFSP team members will remain available to the family.

The way in which a team supports a family will look different with each family because every child and family is unique. IFSP teams, including parents and professionals, will share information and ideas so that planning is interactive and dynamic and, as a result, strategies and recommendations reflect the collective expertise of the team and support the family and child in a holistic and functional manner.

Question: Won't this type of service methodology mean less service or poorer quality service for children and families?

Answer: No; the goal of this methodology is to improve the supports and services to children and families. In the team-based model, the knowledge shared between the family and the professionals across various daily settings and activities is greatly increased and ultimately provides the child many more opportunities for practice of skills. The approach recognizes the family as the primary agent of change in a child's development, and as the people who know the child best. It promotes learning throughout the day in activities that are already a part of the family and child's daily routines.

In practice, once a family is assigned a service coordinator and Qualified Vendor, they will have a team of professionals from the core team available to help increase their capacity to support their child's development. The most important thing is to provide the family with the support they need. They will continue to work with the same Qualified Vendor throughout their enrollment with AzEIP, unless they request a change. Services will be better individualized to meet the needs of each child and family since the focus will be on team-identified routines, strengths, and needed supports unique to each child and family.

Question: How will the team decide how often a child needs services?

Answer: How often a child receives services will depend upon a number of things, including the information gathered through the evaluation and assessment process, and the outcomes the family has determined along with the IFSP team. The role of AzEIP is to support and enhance the family's ability to promote their child's development and participation in family and community life. The family describes their routines and the activities of everyday life that are impacted by their child's disability. Based on family priorities and routines, the team engages in a dynamic discussion of the functional outcomes, and the resources, strategies, and opportunities to support the family and child in reaching the outcomes. This discussion is the framework for determining services needed to meet the outcomes, and ensures that services and strategies are meaningful for families and are directly relevant to assisting the child to be more engaged in and independent in family routines.

Question: Wouldn't a child improve faster if she/he got more services every week?

Answer: Children (and adults too) learn new skills through practice. Guidance from a professional, and practice guided by the family can help a child develop and improve new skills. For example, to help a child learn to sit, the provider working with the family could show the caregivers different ways to support the child while sitting, at different times and activities, throughout the day. The provider might suggest using a pillow for support in the highchair, using some foam padding for support during bath time, and maybe suggest that while sitting together reading a book, the child could sit in front of the parent, supported by the parent's hands and body. After the therapist has showed them the proper form for sitting, the family could use the strategies during different activities and routines throughout the day, so that the child could learn and practice new skills, while becoming increasingly independent in each activity. Multiple therapy sessions each week would not speed up a child's learning to sit without practice. Routines are the context for learning. This helps the child work on new skills many times each day!

Question: When will the Qualified Vendor provide service coordination?

Answer: The Qualified Vendor will retain service coordination responsibilities when the child is not eligible for DDD under DDD eligibility criteria. DDD will retain service coordination for children who are eligible for Arizona Long Term Care (ALTCs). When the child is DDD-eligible, but not ALTCs eligible, DDD may retain service coordination; however, they can choose to assign this function to the Qualified Vendor.

Question: Will only large agencies be able to become Qualified Vendors?

Answer: No. Providers can ensure that the expertise required for the core team is available through employment, contract, or agreement. The goal is to provide a system where professionals team together and get paid for their efforts. The system currently does not fully support this teaming and often providers team without compensation. The new system will allow providers to work together in a different way, but the ultimate benefit is that they will support families as a team, get to know each other as team members, and get paid for their time and efforts on behalf of families and children.